

# Health Capsule

The Division of Pensions and Benefits ♦ For County, Municipal, and School Board Employees ♦ Issue #14

## SHBP Open Enrollment for Plan Year 2003

The State Health Benefits Program (SHBP) Open Enrollment period is your annual opportunity to review your health benefits and to make any changes to the coverage provided to you and your dependents. **This year's Open Enrollment will be held October 1 through October 31, 2002 for all eligible employees.** Any coverage changes made during this period will become effective January 1, 2003.

The Open Enrollment period is your chance to examine your health care coverage and make sure that the services you need and the health care providers you want are available to you. You may:

- ♦ enroll in the SHBP if you have not previously done so;
- ♦ change to another SHBP health plan;
- ♦ add eligible dependents you have not previously enrolled;
- ♦ drop dependents (this can also be done at any time during the year); and
- ♦ enroll in or change coverage for the SHBP Employee Prescription Drug Plan (if your employer participates).

To make a change to your coverage, contact your human resources representative or benefits administrator to obtain an application. Health and/or prescription drug coverage changes are made on the same application. Completed applications must be returned to your human resources representative or benefits administrator by October 31, 2002 (or the date established by your employer).



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## Changes to SHBP Medical Plans

Since the last issue of *Health Capsule*, the following changes to the health plans have taken place:

**Aetna US Healthcare** — As of May 1, 2002 Aetna US Healthcare has changed its name to **Aetna Health**. Members who join Aetna during the Open Enrollment, make coverage changes, or add a dependent will receive a card with the new logo. Members previously enrolled in the plan should continue to use cards with the former Aetna US Healthcare logo until further notice. Aetna will send you new cards whenever a change is made to your coverage.

**University Health Plans (UHP)** — terminated its participation in the SHBP effective August 1, 2002. Employees and retirees previously enrolled in UHP were contacted individually and given an opportunity to transfer to another SHBP participating health plan.

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## Prescription Drug Coverage

On July 1, 2002 **AdvancePCS** began administering prescription drug benefits of the SHBP Employee Prescription Drug Plan. They also administer the drug benefits in the Traditional Plan and NJ PLUS (for employers who do not provide a separate prescription drug plan). New identification cards were mailed to participating employers for all their covered employees in June 2002. AdvancePCS manages a comprehensive retail pharmacy network, providing online claims processing, mail order, and formulary management services. Members are able to fill prescriptions and obtain drug and other health care information through AdvancePCS' award-winning Web site, [www.AdvanceRx.com](http://www.AdvanceRx.com). Over 96 percent of the pharmacies in New Jersey and nationwide participate with AdvancePCS. In the event a pharmacy does not participate with AdvancePCS, the member should pay for the prescription and file a claim with: AdvancePCS, P.O. Box 853901, Richardson, TX 75085-3901 for reimbursement.

## Changing Your Doctor?

Changing health plans during Open Enrollment may require changing doctors. The Unified Provider Directory is an online service that provides comprehensive information concerning health care providers and facilities that deliver their services through one or more of the SHBP's health care plans. The UPD is available for all areas of New Jersey and Delaware, and the contiguous counties of Pennsylvania and New York. You can search for information two ways:

- ◆ by name for a provider or hospital; or
- ◆ by entering an address and ZIP Code, find the providers and facilities that are most convenient to you and which health plans they accept.

The site also includes providers that participate in Horizon's Performance and Cost Effectiveness (P.A.C.E.) network, who offer discounted services to members of the Traditional Plan and NJ PLUS (for out-of-network services). Using a P.A.C.E. provider can reduce your out-of-pocket costs.

If you have access to the Internet, whether at home or at the public library, you can view the Unified Provider Directory, health plan descriptions, and other SHBP information by accessing the SHBP home page at: [www.state.nj.us/treasury/pensions/shbp.htm](http://www.state.nj.us/treasury/pensions/shbp.htm)

## Revised SHBP Publications

The Division of Pensions and Benefits has revised the ***Summary Program Description (SPD)*** and the ***SHBP Plan Comparison Chart*** for the Open Enrollment for Plan Year 2003.

- The *Summary Program Description (SPD)* provides information about all of the health plans participating in the SHBP and the benefits that they offer.
- The *SHBP Plan Comparison Chart*, your "map" to your health benefits, is an outline of the SHBP. A quick-reference summary of each health plan is offered within a large chart that allows you to compare specific benefits among plans.



Copies of the *SPD* and Comparison Chart will be available from your human resources representative or benefits administrator during the Open Enrollment period. These publications can also be viewed online at the Division's Internet site at: [www.state.nj.us/treasury/pensions/shbp.htm](http://www.state.nj.us/treasury/pensions/shbp.htm)

## COBRA — Dependents Turning Age 23 in 2002

Does your dependent child turn age 23 during the year 2002? A dependent child who is age 23 as of December 31 will automatically be deleted from your coverage. However, overage children may continue the same group coverage, at their own expense and for a limited time, under the provisions of the federal COBRA law\*. To ensure receipt of a COBRA notice and application, you must notify your human resources representative or benefits administrator if your dependent is no longer eligible for your coverage because of age, marriage, or becoming independent of you.

Under COBRA, your overage dependent can continue coverage for up to 36 months. The dependent will be billed once a month for the COBRA premium (cost plus a 2 percent administrative charge). Dependents may enroll in any of the health or prescription drug benefits for which they were eligible at the time their eligibility as a dependent ended.

To enroll, under the provisions of COBRA law, your dependent child must submit a completed COBRA application within 60 days of the latter of the date your employer provides you with a COBRA notice or the end of their dependent coverage.

### Overage dependents with disabilities

Unmarried children with disabilities who turn age 23 in 2002, and who are still dependent on you for support, may remain on your health plan upon approval of their disabled status. Requests for the continuation of coverage must be sent to the SHBP by the January 31, 2003 deadline.

To apply for an extension of health benefits coverage for a dependent with disabilities, write to the Division of Pensions and Benefits, State Health Benefits Program, PO Box 299, Trenton, NJ 08625-0299, or call (609) 292-7524. Please provide your name, address, and Social Security number, as well as your dependent's name and date of birth, and ask for the *Request for Continuance for Dependents with Disabilities* form.

\*The Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985.

## Web-based Presentations for Open Enrollment

The SHBP is providing an Internet based presentation to inform members about the SHBP Open Enrollment. These presentations highlight key benefits offered by the SHBP health plans, Open Enrollment dates, and links to additional resources for Open Enrollment materials and information.

The Open Enrollment presentations can be viewed 24 hours a day, seven days a week, through a link at [www.state.nj.us/treasury/pensions/shbp.htm](http://www.state.nj.us/treasury/pensions/shbp.htm). Follow the link to the Internet presentations in the "Open Enrollment" section on the SHBP home page.

## Changes to SHBP Medical Plans (continued)

**Health Net** — pending approval by the State Health Benefits Commission, Health Net will expand its service area into parts of Pennsylvania effective January 1, 2003. The service area will include the following counties: Bucks, Carbon, Chester, Delaware, Lackawanna, Lehigh, Luzerne, Monroe, Montgomery, Northampton, Philadelphia, and Pike. For more information, contact Health Net's customer service department at 1-800-441-5741.

# HMO Performance Report

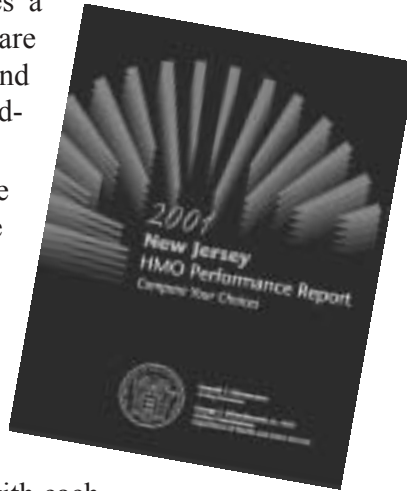
Each year the New Jersey Department of Health and Senior Services releases its New Jersey HMO Performance Report: Compare Your Choices. This report provides a comparative look at how HMOs in the State are performing in providing important primary and preventive care, and how the HMOs are regarded by their own members.

As of this printing the 2001 version was the most current report available; however, the 2002 report will be released shortly.

The chart shown below summarizes the performance of State Health Benefits Program participating HMOs as compared to all other plans Statewide in 2001.

New Jersey health plan overall performance was measured in four broad areas with each area made up of several performance measures. To compare SHBP plan performance against other New Jersey health plans or to view plan performance for each individual measure, see the full report.

To obtain a copy of the *New Jersey HMO Performance Report: Compare Your Choices*, contact the New Jersey Department of Health and Senior Services, Office of Managed Care, PO Box 360, Trenton, NJ 08625-0360, or call 1-800-418-1397. The full report is also available over the Internet on the Department of Health and Senior Services' home page at: [www.state.nj.us/health](http://www.state.nj.us/health)



## New Jersey SHBP

### Health Capsule

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[www.state.nj.us/treasury/pensions](http://www.state.nj.us/treasury/pensions)

*Health Capsule* is published periodically for municipal, county and school board employees and is designed to keep employees informed about developments in their health benefits program. The newsletter will address issues affecting your health and prescription benefits and will include articles on new or proposed legislation, New Jersey Administrative Code changes, decisions of the State Health Benefits Commission, and national issues affecting our programs.

The selections in this publication are for information purposes only and, while every attempt at accuracy is made, it cannot be guaranteed.

If you would like to see any particular health benefits issue addressed, please forward your ideas to *Health Capsule*, Division of Pensions and Benefits, Office of Client Services, P.O. Box 295, Trenton, NJ 08625-0295.

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## Comparison of Health Maintenance Organizations from the Department of Health and Senior Services 2001 NJ HMO Performance Report

### Overall Performance Compared to the Average

- **Higher** than the New Jersey health plan average
- ◐ **About the Same** as the New Jersey health plan average
- **Lower** than the New Jersey health plan average

Aetna US Healthcare	●	●	●	●
AmeriHealth	●	●	●	◐
CIGNA HealthCare	◐	○	●	◐
Oxford Health Plan	◐	◐	●	●
Health Net	◐	◐	◐	○